

<b>Case Number:</b>	CM15-0043991		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female who sustained an industrial injury on 4/2/12 from a mechanical fall mainly affecting her right arm and knee. She currently complains of neck pain with popping sensation and numbness and tingling in the arms and hands; right shoulder pain with grinding sensation and limited range of motion; continued wrist pain with weakness of grip. She does indicate that it is easier to grip with the right hand. Medications include Percocet, Valium, Nucynta, Topamax, Zanaflex, Duexis, Flector and Ambien. Diagnoses include musculoligamentous sprain, cervical spine with right upper extremity radiculitis; internal derangement of the right shoulder; tear glenoid labrum, right shoulder; non-displaced right radial fracture radial head; contusion right shoulder and wrist and hand; possible complex regional pain syndrome, right upper extremity; disc bulges C3-4, C4-5, C5-6 and C7-T1 and acromioclavicular joint arthrosis, right shoulder; anxiety and insomnia. Treatments to date include nerve block procedure, acupuncture which was not effective. MRI right wrist was abnormal both done 1/16/15; x-ray and computed tomography revealing right radial head fracture (7/30/12); right shoulder MRI showing superior labral tear (6/25/14) and electromyography/ nerve conduction studies which were negative. In the progress note dated 1/19/15 the treating provider indicates continued treatment with pain management but there is no indication of a diagnosis of depression in the records reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Brintellix 10mg, #30, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, SSRI's Page(s): 13, 14, 15, 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16. Decision based on Non-MTUS Citation <https://online.epocrates.com/>; Brintellix (vortioxetine).

**Decision rationale:** Brintellix (vortioxetine) is a selective serotonin reuptake inhibitor (SSRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS states "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%). Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." MTUS additionally states concerning SSRIs and pain "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain."The treating physician has documented that the patient has failed multiple trial of other antidepressants but does not fully detail these trial and failures. In addition there is no documentation of a diagnosis of major depression or a description of depressive symptoms in the medical documentation provided. As such, the request for Brintellix 10mg, #30, 1 refill is not medically necessary.